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LECTURES.

The Relative Frequency of Disease between the Right and Left Sides of the Heart; Degeneration of the Heart; its Causes and Means of Avoidance. By CORNELIUS BLACK, M.D. (Continued from p. 54.)

IN my last communication I described the general and microscopic condition of the heart's muscular fibres when they have undergone degeneration from the long-continued action upon them of hypercarbonized blood, the result of defective aeration of that fluid. It was shown that the ultimate cells of which the fibrillæ of a muscular fibre are composed are permanently increased in their longitudinal diameter; that some of those cells are distended with a dark-coloured serosity; that both fibrillæ and fibres are less compactly and less firmly packed together than in their healthy condition; that their outlines are more irregular; that the sarcolemma exhibits various fissures or rents; and that the transverse and longitudinal striæ are more or less obliterated. It was further shown, that the epithelium of the endocardium is but very imperfectly developed; that the vessels lying immediately beneath its basement membrane are distended with dark blood, by which their usual interspaces are narrowed, and from which the endocardium itself presents a bluish or slaty-coloured ap-

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pearance; that a similar distension with dark blood affects the nutrient vessels lying upon the sarcolemma, giving the substance of the heart's walls also a dark-red appearance; and that this condition of the vessels and of the blood affects the external surface of the heart in like manner. The effect of these alterations in the ultimate structures of the heart's walls is, as was explained, to diminish the heart's contractile power, to favour dilatation of its cavities, and to render it liable to rupture, or to reduce its power to such a minimum degree that death, more or less sudden, takes place. The general appearance of such a heart, as the eye falls upon it *in situ*, was shown to represent it as apparently somewhat enlarged and of a bluish-red or slaty colour. Very different indeed is it, in this respect, from that of the heart when suffering from fatty degeneration.

A heart which has undergone fatty degeneration presents on its external aspect either a pale fawn-colour, or a mottled appearance from the intermingling of pale buff and more deeply coloured patches, or a faded hue of the healthy heart. It is soft, relaxed, and generally friable to the touch; its walls are thinned, and its cavities often dilated. Its paleness of colour, comparative bloodlessness, softness, laxity, and the attenuation and friability of its walls convey the impression that such a heart has been improperly nourished. This impression is further confirmed by the results of section and by the microscopic evidences which the muscular structure of the heart affords.

On section, the blade of the knife is rendered greasy—a condition due to the presence of fat, which is not found on section of a healthy heart.

On microscopic examination, the muscular fibres are seen to have undergone the following changes: When the fibres are diseased, those of the voluntary class have lost, either entirely or partially, their transverse and longitudinal striæ; and along the latitudinal axis of their fibrillæ the sarcous element has been replaced by a chain of molecules of oil. In some instances, the sarcous element of all the fibrillæ of a fibre has undergone this degeneration. In other instances, a part only of this element has been thus transformed. When the whole has undergone this change, a string of oil-globules from 1-6000th to 1-5000th of an inch in diameter occupies the sarcolemma; but when a partial conversion only of the sarcous element has taken place, mere points or dots of oil are scattered hither and thither, in broken line, along the longitudinal axis of the fibrillæ. Each such dot represents one or more cells which previously formed a part of a healthy fibril. Hence the number of such oil-dots present in a fibre is a measure of the degree of fatty degeneration which the fibre has undergone. When all the cells of a fibre have been converted, the mere points or dots of oil coalesce, and form oil-globules of the diameter before named. In this case, the fibre has lost its sharp, well-defined outline; and when many fibres thus affected lie together, they present the appearance of being blended into one indistinguishable mass. Where a part only of the cells has degenerated, the outline of the fibre is rendered irregular; and where this condition extends to many other contiguous fibres, the whole surface which they form presents these irregularities in dimly distinct and wavy outline. In the involuntary muscular fibres similar changes are observed.

Now, what has caused this conversion of the muscular fibre into fat? How has it been brought about? Has it a local origin only, or has the local change a constitutional cause?

In elucidation of the points which these questions involve it may be remarked, that the disease is essentially one which occurs in the later periods of life—that it nevertheless occurs in the young—and that when found in the heart it is generally found at the same time in other organs, as the liver, the spleen, the cornea, and the arteries.

That the disease results from the metamorphosis of the sarcous element of the muscular fibre, and not from the mere absorption of that element and the deposit in its place of fat in the ordinary process of nutrition, is indicated by the fact that the fat is contained *within* the sarco-

lemma of the fibre. When fat is deposited from the blood of an organ whose function does not produce fat, it is always deposited either *upon* the surface of that organ, or, if beneath the surface, upon the *exterior* of those elements of which the organ is composed. Hence the connective tissue is the seat of *deposited* fat. In this tissue we find it deposited beneath the pericardium, upon the exterior of the heart, beneath the endocardium, and also between the muscular fibres themselves. In neither of these situations does it constitute fatty degeneration. It should rather be called fatty deposit, or, in the language of Dr. Quain, "fatty growth." There is then but *one* form of fatty degeneration of the heart, and that form is expressed by the metamorphosis of the sarcous elements into fat, which is found within the sarcolemma itself.

According to the view already expressed, this substitution of fat for the sarcous element of the muscular fibre is not the result of the absorption of the one and the deposit of the other, but it is the product of the metamorphosis of the muscular element. Can then muscular fibre be converted into fat? No doubt it can. The pure fibrine of muscle has the same composition as blood-albumen—$C_{216} N_{27} S_2 H_{169} O_{68}$, with phosphates. All that is wanted here to derive from it the fat found in the sarcolemma of the muscular fibres of the heart is to separate these elements, to withdraw the nitrogen and sulphur entirely, and to recombine the carbon, hydrogen, and oxygen in different proportions. The less the vitality of a part the more easily does the combination of these elements give way—the more readily do they escape from the controlling power of the vital force, and become subject to simply chemical influences. After the age of forty the vital force begins, as a rule, to relax its hold upon the tissues, and thus to acknowledge that there is a limit to its existence—that life ends in death—and that, in the beautiful language of Bacon, "It is as natural to die as to be born."

When the tissues have reached this retrograde state of vitality—when, like the stones of an edifice upon whose face time has raised the first blisters of decay, and from whose junctions the mortar is beginning to crumble ere yet it falls, they have entered upon a downward tendency; the same active agents which ultimately complete the destruction of the mouldering edifice overpower here the feeble hold of life and effect the disruption of the muscular fibre into its ultimate elements. In doing this, oxygen and hydrogen, conveyed to the tissues by the blood, seize the nitrogen and sulphur, converting the one into ammonia and the other into sulphuric acid, and as such, either separately or in combination, hurry them by the natural outlets from the body. The carbon and a part of the oxygen and hydrogen are left behind; and these, combining in the following proportions, form the different fats which together constitute the oil-particles and globules found in the fattily degenerated fibres of the heart. These fats are the products of the combination of fatty acids with a hypothetical radical termed lipyle, with which they form respectively *oleine* and *margarine*. The former results from the combination of one atom of the oxide of lipyle —$C_3 H_2 O$ + one atom of oleic acid, $C_{36} H_{34} O_4 = C_{39} H_{36} O_5$, one atom of oleine; and the latter from one atom of the oxide of lipyle, $C_3 H_2 O$ + one atom of margaric acid, $C_{34} H_{34} O_4 = C_{37} H_{36} O_5$, one atom of margarine. To this group belongs *stearine;* but as I question its presence in the fatty product found in the sarcolemma of the degenerated muscular fibre, I give but its formula, which is the following: Oxide of lipyle, $C_3 H_2 O$ + stearic acid, $C_{34} H_{33} O_3 HO = C_{37} H_{35} O_4 HO$, one atom of stearine.

But why, it may be asked, if this doctrine is true, are the nitrogen and sulphur of the sarcous elements of the muscular fibre removed, and the other elements—carbon, hydrogen, and oxygen—left wholly, or in part, behind? The answer is, that there is an excess of carbon in the blood, and that there is a relative deficiency of oxygen. An excess of carbon in the blood prevents the oxygen carried by that fluid from combining with the carbon of the muscular fibre, and removing it as carbonic acid from the system.

It is well known that when the respired air contains 10 per cent. of carbonic acid the further exhalation of that gas from the lungs is prevented. In like manner, *when the blood contains more than the ordinary quantity of carbonic acid, the carbon of the tissues ceases to be acted upon by oxygen so as to be converted into carbonic acid.* It is shut up in the muscular fibre, where it combines with hydrogen and oxygen in the proportions necessary to form fat, which thus appears in the place of the sarcous elements.

How, then, does the blood acquire this excess of carbon? By deficient or defective respiration, or by an excess of carbon taken into the system in the food or drink, or by all these means together.

Deficient respiration attends the muscular debility which waits on age, sedentary habits, and disease. Defective respiration occurs whenever the air respired contains more than the one-thousandth part of carbonic acid by volume. An excess of carbon may be conveyed into the blood by the too exclusive use of a vegetable diet, and especially by the too frequent imbibition of alcoholic fluids. These facts account for the occurrence of fatty degeneration at all periods of life, but especially after the age of forty. They point to those who have passed the meridian of life, to green old age, to age shuffling in his slippers and pantaloons, to the diseased, the feeble of constitution, the studious, the emboweled in earth, the denizen of the workshop, the pent-up citizen, to the merchant confined in his ill-ventilated office, and to the drunkard, as the elected of its inheritance. They show, too, why fatty degeneration of the heart never, as a rule, exists alone; why it is always associated with fatty degeneration of other organs. Is it, then, a local or a constitutional disease? It is, strictly speaking, neither the one nor the other. It is a local expression of a particular condition of the blood, which age, habit, disease, or the exigencies of life have produced, but which claims no fixity of tenure in the constitution.

The age of forty arrives; it passes; the nervous system begins to lose by degrees its sensibility and its activity, and the muscular system its power. Innervation observes a corresponding decline; exercise is diminished; the respiratory muscles manifest less power in expanding the chest; less air than formerly enters the lungs; aeration of the blood is imperfectly accomplished; an excess of carbon accumulates therein. This accumulation of carbon may be either further favoured or entirely produced by the constant breathing of air vitiated by carbonic acid, or by food which is imperfectly digested and assimilated, and frequently by alcoholic drinks, the use of which has become too constant a habit.

Disease which prostrates both the nervous and muscular systems produces the same result. It, in fact, by debility of the respiratory muscles, reduces the efficiency of respiration to the level of old age. It may even do more than this. If the disease affects the lungs, the liver, the kidneys, or any great extent of the skin, the carbon usually excreted by these organs is thrown, if not wholly, at least in part, upon the blood, which may thus become so charged with it as to prevent the removal of the carbon of the muscular fibre during the process of the oxidation of the body.

Fatty degeneration of the heart finds, therefore, its predisposing cause in a diminished vitality induced by age, by habit, or by disease; its determining cause, in an excess of carbon in the blood, by which the removal of the carbon of its muscular fibre, in the oxidation of the latter, is prevented. Hence the recombination of the residual elements of its muscular fibre—carbon, hydrogen, and oxygen—in the form of fat, which now appears as globules or mere molecules of oil within the sheath of the sarcolemma.

The subjects of fatty degeneration of the heart are, perhaps, more frequently than otherwise the subjects of fatty deposit throughout the body generally. We know that, in many instances, there is a constitutional predisposition to the deposit of fat—that it passes from parent to offspring through many generations. With this constitutional proclivity to the deposit of fat is there, then, a similar constitutional tendency to fatty degeneration?

Not necessarily so. When fatty degeneration and fatty deposit are associated in the system, the decline of life has almost invariably been reached. At this period the conditions of life are, as I have already shown, favourable to the accumulation of carbon in the blood, and the consequent retention of carbon in the metamorphosing muscular fibre. Fatty deposit in the body favours immensely these conditions. A thick layer of fat super-imposed upon the muscles is to their action as a break is to a carriage-wheel. It retards motion; it begets indisposition to exertion; it diminishes the oxygenation of the body. The respiratory muscles, labouring beneath a heavy burden of fat, cannot pull up the ribs and expand the chest sufficiently to admit a necessary quantity of air into the lungs. The test of the spirometer often declares that a less volume of air is expired under a forced effort by a chest thus encased in fat than by tuberculously diseased lungs under the same circumstances. The interchange between the carbonic acid in the blood and the oxygen of the air is consequently reduced below the healthy standard. What is the result? An excess of carbon in the blood; a diminished oxidation of the carbon of the metamorphosing muscular fibre; its retention within the sarcolemma; its recombination there with hydrogen and oxygen; and the replacement in consequence of the sarcous elements by fat. Fatty deposit, then, promotes fatty degeneration; but it does not prove that the latter is at all engrafted upon the constitution.

What practical bearing have these facts on diagnosis?

They show that a heart affected by fatty degeneration loses power in proportion to the degeneration which its muscular fibres have undergone. The extent of degeneration may be small, or it may be considerable. If small, the proportionate loss of power in the heart may not be appreciable. If considerable, it will be found in a modification of the heart's contraction.

A heart thus affected contracts feebly and often slowly. Its loss of contractile power diminishes the natural force with which the blood leaves the ventricles. The direct consequence is a reduction in the pitch of the sounds of the heart, which to the ear of an observer are rendered low and apparently distant. Another result of this feeble contraction is—a diminished volume of blood thrown by each effort of the left ventricle into the aorta; a diminished pulse-wave propagated to the distant arteries; a smallness, softness, and feebleness of the radial pulse. A heart thus reduced in power cannot maintain a vigorous circulation through the peripheral vessels. The blood moves slowly and in diminished quantity through the vessels of the brain, and a feeling of faintness, from the loss of the healthy stimulation and nutrition of the brain-substance, is the result. For the same reason the temperature of the extremities is generally low. If in this condition of the heart the body be raised suddenly from the recumbent to the erect position, death may occur instantly. The heart, scarcely able to maintain the peripheral circulation even in the recumbent posture, is utterly overpowered when it is suddenly required to throw the blood against the force of gravity to the brain. The blood fails to reach the cerebral vessels; they collapse; the patient faints, falls, and dies! This is the explanation of many deaths from fatty degeneration of the heart occurring in the early morning. The night is passed in sleep; the bladder during this time becomes distended; the patient awakes; he feels at once the desire to void urine; he rises before his system has had time to throw off the lethargy of sleep to obey the call; the heart fails to drive the blood in sufficient quantity to the brain; quick, almost instant death is the result.

Such patients ought never to quit the recumbent posture immediately after waking—ought never to resume the erect position until the body has been refreshed and invigorated by the natural stimulus of food.

At other times death is brought about in a different manner. Fatty degeneration, in islets or patches, has extended through the whole, or nearly the whole, thickness of the heart's walls; a sudden exertion is made by the patient; an increased effort is demanded of the heart; it responds to the solicitation conveyed to

it by an increased pressure of blood, but in doing so it ruptures;—the rest is known! As the degeneration of its walls progresses, and as the heart loses power, its cavities may become dilated, and its valves incompetent, thus leading to regurgitation through the orifices which they guard, and to a back-flooding upon the venous system of the body. If the mitral valve is thus rendered unable to close its aperture, the back-flooding is in the direction of the lungs; if the tricuspid, the back-flooding is in the direction of the general system. Hence, in connection with mitral incompetency, secondary consequences in the lungs, and their propagation backwards to the right side of the heart; in connection with tricuspid incompetency, secondary consequences in the brain, liver, stomach, spleen, kidneys, and the other parts of the body. Every organ thus flooded expresses its disturbance by perverted function. The converse of this is alike true. Every organ to which the fatty heart is unable to drive the blood in sufficient quantity has, in like manner, its function disturbed. In the erect posture the heart has more difficulty in filling the cerebral vessels than it has in effecting the peripheral circulation of the other parts of the body. The force of gravity opposes the ascent of blood to the brain. This opposition may be either moderately overcome, barely overcome, or not overcome at all by a fatty heart. The cerebral manifestations will be accordingly. When the force of gravity is moderately overcome, there will be no particularly marked cerebral disturbance. When it is barely overcome, rapid exhaustion on exertion, faintness, giddiness, spectral illusions, confusion of ideas, temporary paralysis, occur. When it is not overcome at all, death is the result. But paralysis is not always temporary. When not, it depends upon extravasation of blood at some point of the cerebral mass. At this point an examination of the cerebral vessels detects the same kind of fatty degeneration in their coats as exists in the muscular fibres of the heart. One or more such vessels have ruptured; blood has escaped; the pressure of it upon the surrounding brain-substance produces the paralysis. How has this rupture been caused? The power of the heart, by reason of the fatty degeneration of its walls, is not now equal to its power in health; the blood, therefore, has not been thrown to the brain with its original force, and yet one or more of the cerebral vessels have ruptured. The rupture is, notwithstanding, due to an increased pressure of blood upon the cerebral vessels; but this increase is rather *relative* than *real*. The heart has been weakened by fatty degeneration; the vessels of the brain have been weakened by the same cause. The latter are able to bear the pressure of blood produced by the heart under ordinary circumstances; they are able to bear so much pressure, and no more. The maximum of pressure which they can bear is below that of health, as the maximum power which the heart can exert is below the standard of health. But the heart may not have suffered degeneration in the same degree as the cerebral arteries. If, then, the heart is suddenly urged by any unusually exciting cause, it contracts for the moment with more energy; an increased pressure of blood is instantly thrown upon the cerebral vessels, and their rupture is the consequence.

Rupture, however, of the cerebral vessels may, according to Dr. Quain, have a somewhat differently determining cause. Instead of being due to the direct pressure produced by the *onward* flow of blood from the left ventricle, it is produced by *backward* pressure directed from the right side of the heart. According to the view of this eminent physician, the right heart is, by reason of its degeneration, unable to accomplish the pulmonary circulation sufficiently effectively to dispose of all the blood reaching it from the head and other parts of the body. A back-flooding therefore takes place upon the venous trunks. This propagates itself to the vessels of the brain, which become over-distended, and, remaining distended, ultimately burst. Meningeal apoplexy is more particularly the form of hemorrhage which is thus produced.

Without the coexistence of tricuspid or pulmonic valvular incompetency, I should scarcely expect this condition of the right

side of the heart to produce the effect upon the cerebral circulation which has been ascribed to it, because the power of the heart, and, probably, the frequency of its action, would be reduced in proportion to the degeneration of its muscular fibre; the volume and velocity of the blood sent to the brain would be reduced in a corresponding ratio; the return of blood from the brain would be in proportion to the supply; and, being below the quantity of health, the right cavities of the heart would not be flooded. Add, however, to the debility of the right heart tricuspid or pulmonic incompetency, and there is at once established a direct obstacle to the return of blood from the head; because the volume of blood leaving the right ventricle is, in the case of an incompetent tricuspid valve, projected in part into the right auricle, in which it meets the blood coming from the head and other parts of the body, and from which it causes a refluent wave upon the great venous trunks, thereby propagating its influence to the vessels of the brain, and thus causing their distension. In the case of pulmonic valvular incompetency, the blood, projected by every contraction of the right ventricle into the pulmonary artery, would, in like manner, fall back in part into the ventricle, in which it would meet the returning blood coming from the right auricle, and thus cause a back-flooding upon the great venous trunks and their tributaries, as already described.

But now comes the very important and practical question—Can fatty degeneration of the heart be diagnosed during life? In some instances of its existence it can. In other instances it cannot. Where the extent of degeneration is so limited as not to affect the contractile power and movements of the heart, it is impossible to diagnose with certainty the existence of this change. When, however, the degeneration is sufficient to weaken the natural force and movements of the heart, this altered condition of its muscular fibres admits of recognition.

The pure and simple indications which lead to this knowledge are—a feebleness of the heart's contraction; diminished impulse and sounds of the heart; great tendency to syncope, especially on exertion; a small, feeble, and often slow pulse; breathlessness on moving; early exhaustion on exertion; and a tendency to loss of temperature, especially in the extremities.

If with these conditions there exist the *arcus senilis* in the cornea, a large, soft, fat, pluffy body, and middle or advanced age, the heart's condition may be safely diagnosed as one of fatty degeneration.—*Lancet*, Oct. 19, 1872.

CLINICS.

CLINICAL LECTURES.

Clinical Remarks on the Resina Copaibæ as a Diuretic.—Dr. Wilks, of Guy's Hospital, speaks (*Lancet*, March 22, 1873), with the greatest confidence of the value of the resin of copaiba as a diuretic. The ordinary copaiba has long been known for its action on the kidney, and is occasionally used in dropsy, but the nauseous taste of the oleo-resin has almost forbidden its employment. The oil, separated from the resin, is officinal, and is often prescribed in gonorrhœa instead of the compound substance. It is thought that the oil acts more especially on the mucous membranes, and is therefore useful in affections of the bronchial, vesical, and urethral surfaces. If this be so it is equally certain that the diuretic properties reside in the resin. Dr. Wilks has found it very difficult for patients to take the ordinary pharmacopœial drug, and almost impossible to get general practitioners to sanction its administration in private practice; he, therefore, has substituted for it the simple resin, and finds it equally or more efficacious. He gives fifteen or twenty grains in mucilage and flavoured water three or four times a day, and has had numerous cases showing its marked diuretic properties. There is now, in Guy's Hospital, a man who came in with ascites, and who, after taking numerous other remedies, was ordered the resin. The amount of urine was at once doubled in quantity, and now, after a few days, the fluid has almost disappeared. Dr. Wilks says he has lately had, as a private patient, a "drunkard builder," with cirrhosis of liver and enor-

mous ascites, for whom he likewise prescribed the resin; a diuretic action was at once effected, and the dropsy quickly disappeared. In heart cases, also, he has given it with great success. Lately there was in the hospital, a girl with mitral disease and considerable dropsy, who took the usual medicines without effect, and was then ordered the copaiba. It at once produced the desired result, and the fluid was dispersed. Dr. Wilks states that he has often given the remedy and failed; but, on the other hand, when it has succeeded, the result has been more striking than that arising from any other diuretic he has seen. He would wish it were placed in the Pharmacopœia, as it is not kept by chemists, although he is informed that it is used largely by perfumers, and the resin thrown away in large quantities as a waste material.

HOSPITAL NOTES AND GLEANINGS.

Ligation of the External Iliac Artery; Unusual course of the Vessel.—Sir Wm. Fergusson, on March 8, at King's College Hospital, tied the external iliac artery for aneurism, in a case which presented features of peculiar interest, both in its history and in the operation. Within the last few days an aneurism in the left groin of the patient, a man, had very rapidly increased and caused a large pulsating tumour in the pelvis. He came to the hospital only a week previously with all the indications of aneurism of the left common femoral artery; but he had only noticed a swelling there during the last two months. It was now as large as a fist, and the pulsation was very palpable. Sir William Fergusson at first thought of keeping him in the house for some weeks, and trying what could be done without operation. The tumour was frequently manipulated, with the result, apparently, of causing some giving way of the sac. The first incision through the skin showed that there was more vascularity in the parts than one would expect. The superficial veins were much enlarged and gorged, indicating the existence of pressure within or below, preventing the flow of blood towards the heart; and there was great venous hemorrhage. On going deeper, it was evident that a quantity of blood was effused into the tissues. On reaching the peritoneum, Sir W. Fergusson turned it up towards the mesial line, and here a novel feature presented itself; instead of the iliacus muscle lying as a whole before him, there was a prominence as conspicuous as a wrist when the hand is flexed, and very darkly coloured. It seemed as if the aneurism had burst at the back, and a great infiltration of blood had taken place in the substance of the iliacus. No trace of the artery could be seen, nor could it be felt anywhere. On pushing his finger deeply in towards the mesial line close upon the bladder, he came upon the artery, with little pulsation, in consequence of having nothing hard to rest upon, and quite at the inner side of the swollen iliacus. He passed the aneurism-needle under it, tied the ligature, and the pulsation in the aneurism immediately ceased. In his clinical remarks on this case, Sir William Fergusson said that he had tied most of the great arteries of the body, and had seen all varieties of their course, but he had never before seen the external iliac so distorted to the middle as here. Generally it was to be found easily enough high up. He first observed the extravasated tumour in the pelvis on the 6th, and then knew that no time was to be lost in operating.—*Brit. Med. Journ.*, March 15, 1873.

Case of Foreign Body in the Ear producing Convulsions.—Dr. T. P. Walshe, surgeon to St. Mary's Eye and Ear Infirmary, Dublin, reports (*Irish Hosp. Gaz.*, March 15, 1873), the case of Anne Mc——, aged four years, who was brought to the infirmary with an abscess situated in the external meatus of right ear. The mother stated that the child was perfectly healthy until about ten days previously, when she suddenly got a fit, and had one almost daily since. Two or three days after the first attack she began to complain of pain in the ear, and had suffered very much with it since. On making an incision into the abscess a small quantity of pus came away. Ordered poultices, and the child to be brought back in two days. On again presenting herself, I learned she had had

two fits since I saw her, and that she had got a powder for them. I now strongly advised the mother to let her child come into hospital, but she refused. As there was some pus collected in the ear, I used the syringe to wash it out. I had scarcely begun doing so, when, along with the discharge and water, a grain of barley came away. Mother and child were both greatly surprised to see it, the latter declaring she knew nothing about it, or how it got there. Being anxious to know the result, I impressed on them the advisability of coming again, which they did in a week's time. The abscess was then healed, and the child had had no return of the fits. I asked them to come again, but, as they have not done so, I presume the child has quite recovered.

Remarks.—This case I consider to be one of great practical interest. Every medical man is aware of the habit children have of introducing foreign bodies into the ears and nostrils, very often forgetting all about them, as happened in the present instance. It shows strongly the advisability of carefully examining those cavities in cases of convulsions in children. The symptoms were clearly the result of reflex irritation produced by the grain of barley. It may further be remarked that the convulsions came on two days previously to any signs of inflammation; the reflex irritation being set up before the local.

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Turpentine in Erysipelas.—Dr. Leonardi reports (*Gaz. Méd. de Paris*, from *Journ. de Méd.*, vol. lv. p. 316) a case of a woman, aged forty-two, whose health was generally good, and who slept in the open air. On awaking she experienced severe pain in her head and neck. On the following day she had a shivering fit, followed by fever, and erysipelas appeared in the neck. On the second day the chest was attacked as well as the ears, which attained an immense size. M. Leonardi, on seeing the patient, prescribed the application of oil of turpentine twice a day to all the parts affected, and some aperient medicine. At the end of three days the affected parts had recovered their normal size, and the desquamation of the epidermis was the only trace of an attack of erysipelas so severe that it was at one time thought it would prove fatal.

He also gives another case of a scrofulous child, eight years of age, who, having been long exposed to the sun, began to suffer from pain over the whole right side of the chest. The next day the whole face was affected, and the nose and ears, greatly swollen, were covered with phlyctenulæ. The febrile symptoms were intense, the tongue dry, and all the symptoms of severe erysipelas of the face were present. Here, again, M. Leonardi prescribed embrocations of essential oil of turpentine twice a day, and internally some enemata with oil of turpentine. Several large lumbricoid worms were expelled, and on the fourth day the cure was complete.

The efficacy of applications of oil of turpentine, the author goes on to say, has been frequently verified in cases of traumatic erysipelas. The above cases show that it is equally serviceable in cases of spontaneous or idiopathic erysipelas.—*Practitioner*, March, 1873.

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Gestation protracted to 350 days.—Mr. R. J. Carey reports (*Lancet*, Feb. 22, 1873) the following case:—

Mrs. B., primipara, æt. 32, always regular, had morning sickness for the first time during the last week of February, 1872; quickened in July, and expected to be confined the last week in November. At this date the breasts were full, and for two or three days she had irregular pains, which then went off. The first week in January she again was out of sorts for two days, but nothing came of it. On February 8th (nearly five weeks after last date) she was delivered of a large male child, twenty-three inches long, with the head well ossified. Diameter—biparietal, four and one-eighth inches; occipito-frontal, five and one-third inches; occipito-mental, six and a-half inches. Hands and legs were large, but the body not.

Now, though morning sickness commenced in February, and, from the development of the child, conception must have taken place then, yet it is to be noted that the catamenia occurred three times subsequently in normal quantity, and at

the usual intervals. The last was in the last week of April; so that nine months and a week elapsed between the last catamenia and parturition, not between conception and parturition. If we reckon in February 24, 1872, pregnancy has lasted 350 days; but it may have existed a few days before the sickness commenced. The lady's illness in November, January, and now seems to support the opinion that throughout pregnancy, at every menstrual period, "a tendency to discharge the fœtus exists, but is resisted."

In the summer of 1871, I attended a patient who told me she was just two months out in her reckoning. The child weighed thirteen and three-quarter pounds. On four other occasions in London I have found pains go off, and have not been sent for again for about a month.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Quinia not an Oxytocic.—Dr. A. D'Arcourd, ex-division surgeon of the French Army, now of Thebes, Alexander Co., Ill., writes us that for over 25 years he has used quinia in large doses for the cure of intermittent fever, in pregnant women as well as in other patients, without any symptoms of uterine disorder in the former resulting; and in 98 or 99 cases in a hundred the malarial affection has been controlled early, and such has been the result of this treatment in every latitude.

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Thoracentesis.—Dr. Austin Flint, in an interesting "Report of twenty cases of thoracentesis" (*Archives of Scientific and Practical Medicine*, March, 1873), lays down the following rules of practice as regards the employment of thoracentesis.

1. Thoracentesis should be resorted to without hesitation or delay whenever an accumulation of liquid or air within the pleural cavity compromises respiration sufficiently to endanger life, or occasion extreme suffering from the want of breath. This rule of practice applies to serous effusion as well as to empyema, and also to cases of pneumo-hydrothorax. Lives are sometimes saved by the operation. Complete recovery may follow; but the palliation of suffering, under the circumstances stated, furnishes a sufficient indication.

2. Thoracentesis is indicated in cases of pleurisy with considerable serous effusion, although the respiratory function be not compromised sufficiently to occasion any dyspnœa when the patient is at rest, provided the effusion do not diminish speedily under treatment with diuretics, hydragogues, and blisters. It is far better to resort to the operation under these circumstances than to persist in the use of the measures just named. These measures are perturbatory, debilitating, and often slow in their operation in the cases in which they prove effectual, whereas the removal of the liquid by puncture of the chest is immediate; it does not enfeeble the patient, and occasions no constitutional disturbance. Moreover, thoracentesis, resorted to early, has this great advantage: it is likely to be followed by an easy and full expansion of the lung. The long-continued condensation of lung by the pressure of liquid, the investment of the lung by layers of lymph which become dense with age, and adhesions from newly formed tissue, are obstacles in the way of this result.

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Notes of Practice and Peculiarities of Treatment at the Bellevue Hospital, New York. Modification of Plaster-of-Paris Splint.—There has been recently devised a modification of the plaster-of-Paris splint. It consists in laying strips of tin or wire gauze, about three-fourths of an inch in width, lengthwise of the limb. The flexibility of these strips is such that they readily accommodate themselves to any unevenness upon the surface, and yet strongly resist any lateral displacement. The advantages derived from these strips are, that an equally firm splint is obtained as when the plaster alone is used, and a very much lighter one.

Sciatica.—Some cases of this disease which had resisted a variety of treatment were cured at Bellevue Hospital, *almost at once*, by the hypodermic injection of morphia over the seat of pain, plunging

the needle deep into the tissues, perhaps to the depth of one or one and a half inches.—*Med. Record*, March 15, 1873.

—

The best Method for Removing the Upper Maxilla.—Dr. J. J. CHISOLM, in a short article in the *Medical Record* (April 1, 1873), advocates Dieffenbach's operation, which appears to have been overlooked in the recent systematic treatises. This operation consists in making the incision in the median line of the face. Commencing at the root of the nose, an incision slits the nose and the upper lip in the median line. A short incision joining the first at right angles, extends from the root of the nose to the inner angle of the eye. The lower lid being drawn downwards, the knife is carried along the entire length of the conjunctival cul-de-sac, separating this lid from its orbital connection, and utilizing the entire length of the lower lid in the horizontal flap. When the flap, as defined by the vertical and horizontal incision, is dissected up, it will lay bare the entire front, and, if necessary, side of the face, without having divided any large vessel, or any important nerve-branch.

—

Excision of the Os Calcis.—Dr. J. S. DORSEY CULLEN reports (*Virginia Clin. Record*, March, 1873) a case in which the entire calcaneum was removed with perfect recovery of the use of the foot in two months.

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The so-called "Ovarian Cell."—In a discussion in regard to this cell at a recent meeting of the Pathological Society of Philadelphia (*Phila. Med. Times*, April 12, 1873), Dr. TYSON said that he "was perfectly familiar with the cell spoken of as the 'ovarian cell,' which is nothing more than the ordinary compound granule cell formerly improperly called the 'exudation corpuscle' or 'inflammatory corpuscle' of Gluge, and for some time determined to be nothing but a fattily degenerated cell, in whatever locality found, and liable to be found in any locality."

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Extraordinary Tolerance of large Doses of Morphia.—Dr. R. M. OTIS gives an account in the *Bost. Med. and Surg. Journ.* (April 11, 1872) of the case of a woman who had used in four years ending Feb. 14, 1872, twenty-four ounces of sulphate of morphia by hypodermic injection.

In the same journal for March 6, 1873, he states that in the following year there was injected, hypodermically, in the same patient five and three-eighths ounces of the drug.

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Medical Graduates in 1873.—

University of Pennsylvania	99
Jefferson Medical College	149
College of Physicians and Surgeons, N. Y.	104
Bellevue Hospital Medical College,	167
Medical College of Ohio	92
Miami Medical College	57
Cincinnati College of Medicine and Surgery	12
University of Louisville	75
University of Syracuse	6
Rush Medical College	61
Atlanta Medical College	14
Missouri Medical College	30
College of Physicians and Surgeons, Baltimore	17
Savannah Medical College	4
Georgetown Medical College	24
University of Buffalo	38
University of Nashville	69
Indiana State University	48
McGill University (Montreal)	35
University of Bishop's College (Montreal)	8

—

Fund for the Encouragement of Original Research.—Prof. JOHN TYNDALL, during his recent tour in the United States, delivered thirty-five lectures, for which he received $23,100. After paying all his expenses out of this sum, $13,000 remained, which, before departing for Europe, Mr. Tyndall, with great liberality, placed in the hands of a committee consisting of Prof. Henry of the Smithsonian Institution, Prof. Youmans, of New York, and Gen. Tyndale, of Philadelphia, who are authorized "to expend the interest in aid of students who devote themselves to original research."

—

Philadelphia Obstetrical Society's Museum of Distorted Pelves, Obstetrical and Gyna-

cological Instruments.—At a recent meeting of the Philadelphia Obstetrical Society, it was decided to establish a museum of deformed and distorted pelves, and of obstetrical instruments possessing historical value or illustrating new methods of treatment. The Society solicits specimens, casts, or photographs of contracted pelves from members of the profession who may be willing to assist in forming a collection which will allow a wider and more comprehensive study of this subject.

Recognizing the fact that various instruments, designed for obstetric manipulations or for the performance of operations in uterine surgery, have been superseded by new and improved models, and now possess only an historical interest, the Society has determined to collect such instruments as illustrate the progress of this branch of our art in America. The Society urges upon inventors and surgical instrument makers the desirability of presenting to the Museum specimens of instruments and special mechanical contrivances which they may be desirous of bringing before the profession.

The Museum will be open to the inspection of all interested in the support and advancement of obstetrics and the kindred branches of medicine.

All objects for the Museum may be sent to Dr. J. V. Ingham, No. 1342 Spruce Street, Philadelphia.

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New York Hospital Library contains 9074 volumes, 408 of which have been added during *the past year.*

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The Sanitarian.—It affords us pleasure to announce the appearance of the first number of this monthly journal, under the editorial superintendence of Dr. A. N. Bell. "The purpose of this publication is to so present the results of the various inquiries which have been, and which may hereafter be made for the preservation of health and the expectations of human life, as to make them most advantageous to the public and to the medical profession." The current number contains 48 octavo pages of original, varied, and instructive matter from the pens of well known sanitarians, and the journal gives promise of well-filling a sphere of usefulness and benefit hitherto much neglected in this country.

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Obituary Record.—Died in New York, February 4th, of pneumonia, in the 42d year of his age, James Livingston Brown, M.D., President of the New York Obstetrical Society. Dr. T. Gaillard Thomas, in some feeling remarks made before the New York Academy of Medicine, said that in his death "not only this society but the profession of medicine met with such a loss as no calling is rich enough in able followers to look upon without concern." Dr. Brown's name is familiar to the readers of the *American Journal of the Medical Sciences* as that of the author of an admirable article on Pelvic Peritonitis and Peri-uterine Cellulitis, published in the number of that Journal for July, 1872.

—— in New York, on March 2d, aged 75 years, John Torrey, M.D., LL.D., Chief Assayer in the United States Assay Office in New York, and Professor of Botany in the School of Mines of Columbia College. From 1827 to 1854 Dr. T. was Professor of Chemistry and Botany in the College of Physicians and Surgeons, N. Y., of which institution he was a graduate.

Dr. Torrey earned distinction in chemical and botanical science. In 1824 he published the first volume of his "Flora of the Northern United States," and in 1838, in connection with his former pupil, Dr. Asa Gray, he began "The Flora of North America." He was a genial, kind-hearted man, an accurate observer, and an untiring labourer in the paths of science. In the discharge of his professional and public duties, he displayed unswerving fidelity and integrity.

—— at Richmond, Va., on the 13th of March, R. S. J. Peebles, M.D., Prof. of Chemistry and Pharmacy in the Medical College of Virginia.

—— at Harrisburg, Pa., on the 13th of March, aged 67, William Wilson Rutherford, M.D., the oldest practitioner in Harrisburg. On the announcement of his death the Dauphin County

Medical Society passed appropriate resolutions, recording their appreciation of him who "had been our associate, our president, and our representative to the State and National medical associations—thus filling all the positions of honour and confidence in our gift."

—— in Mobile, Alabama, on the 31st of March, in the 69th year of his age, Josiah Clark Nott, M.D, formerly Professor of Anatomy in the University of Louisiana, and Professor of Surgery in the Medical College of Alabama.

Dr. Nott was an eminent surgeon and gynæcologist, and was a frequent contributor to the pages of *The American Journal of the Medical Sciences* and other journals. He was the author of a monograph published in 1866 "On Bone and Nerve Surgery," and conjointly with Mr. Gliddon wrote a work on the "Types of Mankind," which has enjoyed considerable reputation. At the close of the war Dr. Nott removed from Mobile to Baltimore, and soon afterward to New York, where he remained until a short time before his death. His talents and skill caused his advice to be extensively sought after.

FOREIGN INTELLIGENCE.

Skleroderma.—The Vienna correspondent of the *Irish Hospital Gazette* (Feb. 15, 1873) reports two cases of that very rare disease, skleroderma, or sklerema adultorum. Hebra objects to the latter term, as the disease occurs in children quite as frequently as in adults. The extreme infrequency of this affection may be gathered from the fact that Hebra has only seen some twelve or thirteen cases, and Dr. Neumann (whose book is so well known) has only seen six, including these two, amongst the thousands of skin diseases which he has had the opportunity of witnessing.

The first case was a young girl, aged 15. The face, hands, and forearms were the parts affected. The integument covering the face was of a brown colour, and presented a smooth, shining surface, giving one the idea of its being in an atrophied condition, and looking as if it had been drawn too tightly over the face, thus effacing most of the natural folds, and producing a peculiarly stiff and unvarying expression. The fingers of both hands were considerably contracted, giving to them a clawed appearance. The condition of the integument covering them was similar to that of the face, except that the discolouration partook more of a purple hue.

The second case was that of a servant-maid, aged 37. In this instance the disease was confined to the upper extremities; it had commenced, two years and a half previously, with a feeling of tension in the affected parts. On the right extremity the disease was in a more advanced state than on the left; a band, about nine inches long by one and a half wide, of a peculiar looking tissue, somewhat elevated, with a smooth, shining surface and of a brown colour, extended to about an equal distance above and below the elbow-joint. It was situated on the outer side and towards the flexor aspect of the limb, which it prevented from being fully extended, as a cicatrix caused by a burn would have done. On the opposite limb the disease was not in such an advanced stage; the band, which was on the ulnar border, was softer to the feel, and much lighter in colour. The secretion of the diseased portions of skin was diminished, though not altogether abolished.

These two cases are, I think, the more interesting, as they exemplify two forms or stages of the disease. In the first case the diseased portion of skin was atrophied; in the second it was raised above the surrounding surface. Hebra has named these two forms sklerema atrophicum and sklerema elevatum respectively. This division he regards as of some practical importance as regards prognosis, the former being perfectly incurable. The treatment in both cases consisted in simply keeping the parts warm by means of steam baths, or wrapping the limbs in gray plaster or caoutchouc cloth. Electricity has been very much praised as a means of treating this affection, and cases of cure have been reported, but the disease is so easily confounded with others, that Dr. Neumann doubts the correctness of the diagnosis, especially as they were seen by no der-

matologist. Hebra believes the disease to be identical with that described by Addison (New Syd. Soc. 1869) as a form of keloid, and it is sometimes spoken of here as Addison's keloid. Professor Hebra, however, objects to this name, as it implies some connection with true keloid, whereas there is none. Fortunately there happens to be a very well-marked case of keloid in the hospital at present. The patient came into hospital to be treated for psoriasis, and as he walked into the clinic without any clothes on (as is the invariable rule here), the all-observing eye of the Professor at once caught sight of a well-marked keloid, situated over the second bone of the sternum, about three inches in length by one quarter of an inch in breadth.

—

Subcutaneous Injection of Atropia in Acute and Chronic Rheumatism.—Dr. De Cavazzani, in *Lo Sperimentale* for Jan. 1873, gives the results of his experience of the subcutaneous injection of atropia in cases of articular rheumatism, both acute and chronic. The solution which he generally uses is composed of 0.05 *gramme* (about three-fourths of a grain) of atropia, 6 drops of sulphuric acid, and 100 *grammes* (about 3½ ounces) of water. Of this he injects from six to fifteen or twenty drops, according to the condition of the patient and the results obtained. The injection is made in the neighbourhood of the affected joints; and, as soon as the symptoms have been alleviated, the use of the atropia is stopped. He relates, from among the cases which he has treated in this way, eight of acute and three of chronic rheumatism, in which the treatment was attended with success. In one of the cases, where symptoms of cardiac disease had set in, an injection of thirty drops of the solution over the course of the par vagum (and a blister to the præcordium) had the effect of arresting these.—*Brit. Med. Jour.*, March 8, 1873.

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Epilepsy treated by Sulphate of Zinc.—Dr. Oxley related to the Liverpool Medical Institution (*Brit. Med. Journ.*, March 22, 1873), a case of the successful treatment of epilepsy by sulphate of zinc where bromide of potassium had failed. The girl, aged ten, in good health, had three or four fits in a day. Bromide of potassium, in ten, and afterwards twenty grain doses, three times a day, had no effect. Sulphate of zinc, in doses of three grains three times a day, was given. She had one slight fit, after which she was free for several days, when the fits returned. The medicine was renewed, and the fits entirely left her. Dr. Oxley had never before seen sulphate of zinc of any service in epilepsy, but bromide of potassium had proved very beneficial.

—

Crystallized Nitrate of Silver in Chronic Catarrh and Ulcer of the Stomach.—Dr. Turk, of Wiese (*Med.-Chir. Centralblatt*, No. 1, 1873), says that he has given nitrate of silver in several cases of perforating ulcer daily in the proportion of one grain to four ounces of distilled water, to which were added ten drops of tincture of nux vomica, and has obtained the best results—where acetate of lead, preparations of alum and opium had no effect. On the administration of this remedy, hæmatemesis ceased, and all other symptoms improved with unlooked-for rapidity, so that (except some slight ferruginous treatment) no other drugs were needed, and complete cure followed. In cases of chronic sickness during pregnancy, chronic catarrh and cramps of the stomach, especially in hysterical women, he has found nitrate of silver, even in smaller doses, such as a quarter of a grain, most efficacious.—*Brit. Med. Jour.*, March 8, 1873.

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Death from Chloroform.—Another death has just occurred at St. Thomas's Hospital, London. The patient, a boy aged 15, had administered to him about two drachms of chloroform prior to the examination of his arm, which had recently undergone spontaneous fracture. His viscera were found to be healthy. "He seemed to have died from syncope during his recovery from the anæsthetic."—*Brit. Med. Jour.*, March 22, 1873.

—

Methylene Ether.—Mr. T. Easter, dresser in the eye wards at Guy's Hospital, states (*Brit. Med. Journ.*, March 22, 1873), that methylene ether has been administered ten

times, for operations on the eye, at Guy's Hospital. In five of the ten cases, there was vomiting within five minutes of its being inhaled. The vomiting was slight in only one of the five cases. Insensibility was generally produced in four minutes; two, three, or four drachms of the methylene ether being used to attain that state. Struggling and excitement occurred very much as with chloroform. Two patients, who had taken chloroform badly, were readily rendered insensible by the methylene ether. As a rule, the pulse became rather stronger; in one case it became very irregular. The operations were of the following kinds: On the eyelids, 3; on the iris, 4; on the cornea, 1; on the sclerotic, 1; on the capsule of the lens, 1.

—

Twin Pregnancy after Ovariotomy.—Dr. Olier, of Orleans, records (*Gaz. des Hôpitaux*, Dec. 10, 1872), a case where a patient became pregnant three months after ovariotomy, went on to the full term, was safely delivered of twin boys, and recovered well. The abdominal wall did not suffer at all, notwithstanding a twin pregnancy so soon after ovariotomy.—*London Med. Record*, March 26, 1873.

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Natural Selection and Sexual Selection.—M. Edmond Perrier, of the Museum of Natural History of Paris, in an article in the *Revue Scientifique* (March 15, 1873), ably discusses these theories of Darwin, and gives the following as his conclusions:—

The theory of sexual selection has been devised to fill up a void in the theory of natural selection. Neither of them suffices to explain the enormous variety of animal species. Nevertheless it cannot be regretted that these hypotheses have been advanced; they have given rise to two essentially original works in which the animal kingdom has been shown in an absolutely new light. These works have made a deep impression on scientific minds; they have opened new and most expanded fields for research. Their influence will long impress itself on the ideas of naturalists.

Darwinism will, doubtless, perish, but the name of Darwin will nevertheless remain as one of the greatest in science and modern philosophy.

—

Smallpox in Vienna.—From the beginning of the present year, to February 22d, there were 2564 cases of smallpox in the hospitals and private practice; of these 1499 recovered and 537 died. We are happy to learn that these figures denote some diminution in the severity of the disease.

—

Trichiniasis.—In the course of a recent discussion on trichiniasis in the Medical Society of Magdeburg, twenty-six physicians, who were present, stated that they had, under their care at the time, a hundred of the inhabitants of the town, who had purchased pork containing trichinæ, from the same slaughter-house within the same week, and had eaten *it nearly* raw.

—

Progress of the Reintroduction into England of Ether as an Anæsthetic.—Mr. Jonathan Hutchinson, Senior Surgeon to the London Hospital, in the course of a clinical lecture which he recently delivered, said: "I am strongly of the opinion that we ought, with the exception of a few cases, to allow ether to supersede chloroform."

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The Medical Society of London celebrated its centenary on March 10.

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Bogus Diplomas.—It has just come to light that during the last few years a large trade has been carried on in forged diplomas, purporting to be from the University of Marburg; no less than forty persons in England having purchased the worthless documents.

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The Leprosy of the Bible.—Dr. Hebra, the great dermatologist of Vienna, has expressed the opinion that the leprosy of the Bible was scabies (itch), and that Naaman's cure by washing in the Jordan was due to the amount of sulphur which the water of that river contains.—*London Med. Record*, March 26, 1873.

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We have already alluded incidentally to the independence which marks our author's work. He has observed and thought for himself, and the result of his observations accords with that of many other surgeons at the present day. If we mistake not, his book will do much to dissipate some old and baneful prejudices. The laborious way in which he has collected statistics, both from his own practice, and that of others, and the original conclusions that he has drawn from them, deserve much praise. Its excellence consists in the number of valuable facts, of well selected cases, and of sound opinions, which it contains.—*British and Foreign Med.-Chirurg. Review*, April, 1873.

Mr. Bryant's work well deserves the careful study of students and practitioners, and as a text-book we think it is likely to be quite a general favorite.—*Cincinnati Clinic*, March 22, 1873.

With this "Practice of Surgery" we are much pleased, and commend it to the notice of students and practitioners as a work containing a great deal of information respecting the diagnosis and treatment of surgical diseases and injuries. We have no hesitancy in recommending it as one of the best of the less than half-a-dozen works from which the student should select his text-book in surgery.—*Am. Journ. Med. Sciences*, Apr. 1873.

It contains an immense deal of information. Most of the surgical principles taught are unexceptionable; its illustrations are nearly all fresh, some of them instructive. It is the work of an earnest laborer, an honest man, a surgeon who loves his work for its own sake.—*Edinburgh Med. Journal*, April, 1873.

Mr. Bryant's work is an entirely new one. We have carefully compared his work with that of Mr. Erichsen, and find that they are both of great value, and that if one of them (Erichsen's) is superior to the other, in being larger, and therefore giving more details on diagnosis and operations, the other (Bryant's) has the advantage of being a more elaborate exponent of some of the recent advances in surgery. In many respects we should say they complete each other.—*Phila. Archives of Scientific and Practical Med.*, Mar. 1873.

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